

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033522

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkville, Mo.</b>		Length of stay in lb <b>3 weeks</b>	c. CITY OR TOWN <b>Gibbs, Missouri</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) <b>Gibbs, Missouri</b>
3. NAME OF DECEASED (Type or print) First <b>Claude</b> Middle <b>M.</b> Last <b>Fortney</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>26</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/23/92</b>
9. AGE (last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (City and state or country) <b>Willmathsville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Wm. H. Fortney</b>		13b. MOTHER'S MAIDEN NAME <b>Susie A. Yetter</b>	
14. NAME OF DECEASED OR WIFE <b>Goldie M. Meeker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. INFORMANT <b>Mrs. Wilson (Noema) Stribling</b>		17. ADDRESS <b>Kirkville, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paralytic ileus</b> DUE TO (b) <b>Lobar pneumonia (left)</b> DUE TO (c) <b>Congestive heart failure</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic glomerulo nephritis, hypertension</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>1:07</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Kirkville, Missouri</b>		20g. COUNTY <b>Adair</b>	
20h. STATE <b>Mo.</b>		21. I attended the deceased from <b>9/6/62</b> to <b>9/26/62</b> and last saw <b>him</b> alive on <b>9/25/62</b> Death occurred at <b>1:07 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>H. D. McPherson M.D.</b>		22b. ADDRESS <b>Kirkville, Missouri</b>	
22c. DATE SIGNED <b>9-27-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>9/28/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>La Plata Cemetery</b>	
23d. LOCATION (City, town, or county) <b>La Plata, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Neva E. Foster</b>		25. DATE RECD. BY LOCAL REG. <b>9-28-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>		27. ADDRESS <b>Kirkville, Mo.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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Permit issued Sept 28, 1962

H. D. McCLURE, D.D.

OCT 2 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Novak E. Foster

Licensed Embalmer No. 4742

P. O. Address Lukensville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.